

**TEMPLE UNIVERSITY HEALTH SYSTEM  
CORPORATE COMPLIANCE PROGRAM**

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## **A Letter From the Chair of the Board**

Temple University Health System's success is a reflection of our employees' honesty and integrity that have earned us our excellent reputation for ethical behavior. We must continue to be unwavering and steadfast in our adherence to the highest standards of business conduct in order to maintain and enhance that reputation.

TUHS's continuing commitment to these high ethical standards is reflected in the TUHS Corporate Compliance Program, which was voluntarily adopted in 1996. This program provides guidance to ensure that our work is done in an ethical and legal manner. An essential predicate of this program is the commitment of each TUHS employee to advise TUHS management of anything that appears non-compliant with the increasingly complex framework of laws and regulations which control our delivery of health services. This Compliance Program also informs each employee how to obtain assistance with questions or concerns about the Standards of Conduct, which are an essential component of the program.

No compliance program can anticipate and address every situation that employees may encounter on the job. In many cases, common sense and good judgment will be the best guide. Some situations may lead you to seek advice from your supervisor or the Corporate Compliance Officer. Because of the complex regulatory environment in which we operate, questions will naturally arise and employees are encouraged to seek answers when confronted by such issues. There will be no retaliation against anyone for reporting a problem. Whatever you do, remember that when you act on behalf of TUHS, its reputation for honesty and integrity is in your hands.

On behalf of the Boards of Directors of TUHS, I urge each employee to remain thoroughly familiar with the contents of these compliance materials, and I encourage you to seek assistance when a question or concern arises. TUHS maintains a strong commitment to its mission, vision and values. If we continue to honor these commitments, and live by the standards of conduct that underpin them, we may look forward with confidence to continued personal and institutional success.

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Lon R. Greenberg, Chair  
TUHS Board of Directors

**TEMPLE UNIVERSITY HEALTH SYSTEM, INC.**

**MISSION, VISION AND VALUES STATEMENT**

**MISSION  
(WHY WE EXIST)**

Our mission is to provide access to the **highest quality of health care** in both the community and academic setting.

**VISION  
(HOW WE ACHIEVE OUR MISSION)**

Our vision is to become the **premier health system** and the **employer of choice** in the Philadelphia Region.

**VALUES  
(OUR CONDUCT IN FULFILLING OUR MISSION AND VISION)**

- **Respect**
- **Service**
- **Quality**

## **A. THE TEMPLE UNIVERSITY HEALTH SYSTEM CORPORATE COMPLIANCE PROGRAM**

The Temple University Health System, Inc. (TUHS) Corporate Compliance Program is designed to develop and ensure effective internal controls that promote best practices and adherence to applicable Federal and State regulatory requirements. The adaptation and implementation of a voluntary compliance program significantly advances the prevention of fraud, abuse and waste in the delivery of healthcare services, while at the same time furthering the fundamental mission, vision and values of TUHS.

This Corporate Compliance Program is designed to promote a TUHS culture that encourages compliance with all regulatory requirements as best practice. This Compliance Program stresses prevention, detection and resolution of practice or conduct, which may not conform to Federal and State law and private payor healthcare requirements, as well as TUHS's ethical and business practices.

The Corporate Compliance Program is applicable to all employees, agents, students and volunteers of TUHS and its subsidiaries, directors/governors serving on any TUHS Board, and TUHS vendors as appropriate. Accordingly, its provisions, including the Standards of Conduct, are applicable across the System. Particular areas of compliance practice and assessment are addressed in the TUHS Compliance Manual which should be referred to as appropriate.

The TUHS Corporate Compliance Program is composed of five elements:

- I. Standards of Conduct
- II. Corporate Compliance Officer
- III. Compliance Hotline (800-910-6721)
- IV. Compliance Infrastructure
- V. Continued Compliance-Supplementing this Program

### **I. STANDARDS OF CONDUCT**

The first component of the TUHS Compliance Program is the Standards of Conduct which establishes the practices and ethical rules through which TUHS's commitment to compliance and integrity in all of its operations will be realized, including our commitment to adhere to all pertinent laws and regulations.

### **Basic Pledge:**

It is the goal of TUHS to conform its operations to all pertinent federal and state laws and regulations. We will also strive to ensure that all employees and contractors act in conformity with this compliance program and all pertinent federal and state laws pertaining to the delivery of healthcare services.

### **Standards:**

1. *Following the law:* TUHS employees will carry out their duties in a manner that is compliant with all relevant laws and regulations, and consistent with best practices adopted by TUHS.
2. *Reporting violations:* Each employee has an individual responsibility for reporting to an appropriate supervisor or senior management or the Chief Compliance Officer any activity by any colleague, physician, subcontractor, vendor or any process that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice, federal healthcare conditions of participation, or this compliance program.
3. *Medical Necessity:* All treatment recommended and implemented at TUHS will be medically necessary; medical necessity is determined by the accepted professional standards of the relevant medical profession. Treatment decisions will not be affected by the patient's type of insurance or the patient's ability to pay for such services.
4. *No Referral Payments:* TUHS will not pay any person or entity any form of remuneration for the referral of patients nor offer any financial inducement, gift or bribe to any prospective patients to encourage them to undergo treatment at TUHS.
5. *Accurate records:* All billing and patient records will be accurate, complete and as detailed as required by government and professional standards. Each step in the treatment process, from admission through discharge, shall be documented appropriately in the patient's medical records. Furthermore, no service will be billed unless fully justified by the documentation of the medical staff as reflected in patient medical records.
6. *Clinical Quality.* TUHS is committed to providing care that produces better outcomes at a lower cost with improved access to the patients served by its network of providers.. Clinical Quality activities to achieve these goals may include monitoring through comprehensive clinical audits, physician credentialing, privileging, and peer review programs, the implementation of evidence-based medicine programs, standards of clinical excellence, utilization management and review and other quality metrics.

7. *Full implementation of the Standards of Conduct:* The Standards of Conduct apply to all TUHS employees. To the extent feasible, TUHS will ensure that all pertinent provisions of the Standards of Conduct will be implemented fully for all TUHS-managed facilities, and bind any independent contractors, temporary or contract employees.

## **II. THE CORPORATE COMPLIANCE OFFICER**

The second component of the TUHS Compliance Program is the Corporate Compliance Officer (CCO) who has the responsibility for implementing the Compliance Program and the Standards of Conduct throughout TUHS. The CCO has the authority to conduct audits and investigations; develop administrative policies and procedures to comply with ever expanding regulatory requirements undertake employee exit interviews; conduct staff training and periodic re-training in compliance education and procedures; and recommend appropriate discipline be imposed for violations of the Standards of Conduct. The CCO will provide routine reports to the TUHS Audit and Compliance Committee.

The CCO resides in the Office of Counsel and reports directly to the TUHS Chief Counsel. When warranted, the CCO may also bring matters directly to the attention of the Chair of the TUHS Board.

Each TUHS facility has appointed a designated compliance liaison to assist in maintaining consistent monitoring and enforcement of the TUHS Standards of Conduct. The CCO provides advice and coordination of training and audit activities in concert with the TUHS compliance liaisons. Each TUHS facility shall establish the requisite compliance infrastructure to ensure on-going monitoring and enforcement of all elements of the TUHS Compliance Program.

## **III. THE COMPLIANCE HOTLINE ( 800-910-6721)**

The third component of the TUHS Compliance Program is the TUHS Compliance Hotline. The purpose of this hotline is to enable members of the TUHS community to report any suspected violations of the Standards of Conduct or regulations. Each credible report shall be investigated by the CCO who may report findings to the TUHS Audit and Compliance Committee or directly to the Chair of the Board. The hotline permits anonymous reports with all call activity reported directly to the CCO. Questions or concerns may also be addressed to the hotline.

## **IV. COMPLIANCE INFRASTRUCTURE**

The fourth component of the TUHS Compliance Program is a commitment by TUHS to develop mechanisms and infrastructure to ensure continuing compliance. Such mechanisms include audit program schedules with plans of corrective action to correct

deficiencies, policies and procedures to ensure compliance with all regulatory requirements, educational programs, distribution of pertinent new statutes, regulations and governmental guidelines related to healthcare services. These specific requirements will be discussed in more detail below in the section that describes implementing the program.

While each TUHS facility will develop their compliance infrastructure to meet the requirement of the TUHS Corporate Compliance Program, the CCO is responsible for reviewing and coordinating all on-going activities taken pursuant to the TUHS Corporate Compliance Program.

## **V. CONTINUED COMPLIANCE**

The fifth aspect of the program is to implement appropriate supplements to the program as well as operational policies and procedures in the TUHS Compliance Manual, in response to emerging regulatory requirements. The CCO is responsible for supplementing and updating the compliance program, which includes the TUHS Compliance Manual, in order to ensure its continued viability with all new regulatory and legal developments. Such supplements will encompass any new regulatory area for which compliance is required throughout TUHS. The CCO will prepare appropriate supplements for review and approval of the TUHS Chief Counsel. The TUHS Board must approve any proposed supplement.

### **A. Compliance Program Supplements**

The initial TUHS Billing Compliance Program which has been in continuous operation since 1996 has been supplemented in order to comply with emerging regulatory requirements. These supplements which remain in operation are:

- The TUHS Home Health Provider Compliance Program
- The TUHS Ambulance Compliance Program
- The TUHS Health Information Security and Privacy Compliance Program
- The TUHS Physician Group Billing Compliance Program
- The TUHS Clinical Laboratory Compliance Program
- The TUHS Controlled Substances Compliance Program

These supplements are incorporated by reference in the TUHS Corporate Compliance Program and are available at: [www.templehealth.org/TUHS legal](http://www.templehealth.org/TUHS%20legal).

### **B. The TUHS Compliance Manual**

The TUHS Compliance Manual is a compendium of operational policies and procedures which have been implemented to ensure compliance with all regulatory requirements. These policies and procedures are implemented to cover areas which require

specific operational protocols and standards to ensure adherence to established regulatory best practices. The manual will be updated as required.

The CCO will also be responsible for initiating appropriate training for all employees affected by the approved supplemental compliance mandates. Subsequent to the implementation of new policies and procedures to accommodate regulatory requirements, and following appropriate training, the CCO will formulate appropriate audit schedules utilizing either internal auditors or outside consultants to verify the effectiveness of the training and the administrative policies and procedures.

## **B. IMPLEMENTING THE PROGRAM**

### **I. INTERNAL MONITORING PROTOCOL**

A primary duty of the CCO shall be to facilitate both anonymous and attributable reports from TUHS employees or other sources. An open line of communication between the CCO and TUHS personnel is essential to the operation of this program. Reports may be received directly from employees in writing, through the Compliance Hotline, electronically transmitted or anonymously submitted. All reports will be confidential and no adverse action shall be taken against any employee who reports a possible problem.

Responses to reports such as the initiation of investigations or suspension of billings will be coordinated with the TUHS Chief Counsel, and when appropriate, the Chair of the Board. Investigative resources include the use of an Internal Auditor, or outside consultants. The results of such activities shall be reported to the TUHS Audit and Compliance Committee, and the Chair of the Board as appropriate. The CCO will make recommendations to the TUHS Chief Counsel following investigations to facilitate plans for corrective actions and, if appropriate, disciplinary sanctions against TUHS employees. Any such action will be reported to the Chair of the Board and the TUHS Audit and Compliance Committee.

### **II. AUDIT PROTOCOL**

An ongoing audit and evaluation process is essential for the effectiveness of this Compliance Program. Accordingly, the CCO will meet periodically with internal auditors to establish an audit plan/cycle to review selected samples of records, bills or other documentation as deemed appropriate to ensure compliance with the Standards of Conduct throughout TUHS. The Compliance Audit Schedule will be reviewed and revised periodically. The CCO may also direct specific audits as required using either internal auditors or other resources such as outside consultants. Compliance Audit reports will be forwarded directly to the CCO and the TUHS Chief Counsel. Based upon audit results, the CCO may recommend to the TUHS Chief Counsel that the results of any internal audit or

investigation should be disclosed to the appropriate governmental authorities. Such a recommendation shall address the manner in which a disclosure may be accommodated. Any internal report that identifies an overpayment or incorrect billing for medical services shall result in the prompt correction of such overpayment or incorrect billing either through repayment or reconciliation with the affected third-party payer.

Specific audit protocols have also been developed for all physicians subject to this Compliance Program in order to ensure compliance with the Standards of Conduct and all applicable Medicare/Medicaid regulations. The audits will coincide with physician specialty specific training on appropriate documentation and coding. Such audits will review concurrent medical record documentation with intended charges prior to the submission of any claims. Any physician who fails to demonstrate an understanding of the medical record documentation/coding requirements will be subject to re-training followed by another concurrent review of their documentation. Consistent failure to demonstrate an understating of the documentation/coding requirements may result in economic sanctions or other disciplinary action as appropriate. Any such disciplinary action will be appropriately reported to the TUHS Audit and Compliance Committee and the Chair of the Board.

### **III. EXIT INTERVIEWS**

The CCO shall conduct an exit interview with any employee terminating employment with TUHS whose responsibilities have included billing/regulatory-controlled activities. One purpose of this interview shall be to solicit information about compliance with and possible violations of the Standards of Conduct so that they may be investigated. A second purpose is to determine whether the departing employee has any suggestions for improving the compliance program. The CCO shall report any such alleged violations to the TUHS Chief Counsel or the TUHS Audit and Compliance Committee summarizing the contents of the interviews with possible recommendations for further action.

### **C. EXERCISING DUE DILIGENCE IN DELEGATING DISCRETIONARY AUTHORITY**

A primary purpose of the TUHS Compliance Program is to foreclose delegation of discretionary authority to any employee who has a discoverable propensity to engage in illegal activity. This is accomplished in several ways.

#### **I. PROSPECTIVE EMPLOYEES**

TUHS will undertake careful evaluations of all prospective employees. Applicants for employment are required to identify any criminal convictions while acknowledging that any information provided will be verified and that failure to provide accurate information shall be grounds for dismissal. In addition, a background check will be run on all prospective employees to verify application information. This background check will include a search of

the list of sanctioned individuals maintained by the Office of Inspector General, the General Services Administration and the Pennsylvania Department of Public Welfare Preclude Providers Database)

## **II. EXISTING EMPLOYEES**

TUHS closely monitors the activities of its current employees. All employees are required to report all violations of the Standards of Conduct and any other suspected illegal activity to either their supervisor or the CCO. Each TUHS facility will periodically submit a listing of all current employees to a search of the sanction list maintained by the Office of Inspector General, the General Services Administration and the Pennsylvania Department of Public Welfare in order to attest that TUHS has no sanctioned individuals on payroll. Any employee suspected of engaging in illegal activity will either be suspended or re-assigned to other work responsibilities pending the outcome of an investigation of the alleged activities. Physicians who are suspected of failing to comply with the Standards of Conduct or Medicare/Medicaid regulations may have their billings for professional services suspended pending the outcome of an investigation of the suspected activity.

If during the course of employment a TUHS employee is found guilty of an offense involving fraud or abuse that results in sanctions or suspension from any federally funded healthcare program, the employee will be suspended or discharged.

## **D. COMPLIANCE TRAINING FOR EMPLOYEES**

As part of the compliance program, TUHS pledges to provide initial training and periodic re-training for all TUHS employees and others providing services on behalf of TUHS. Compliance training at TUHS will deal with both substance and procedures. Discussions of TUHS Standards of Conduct and pertinent policies and procedures, which implement those standards, will be central to the training. The training will also explain how the TUHS disciplinary system will help enforce the compliance program. When appropriate, more detailed discussions of statutes, regulations and other laws pertinent to the compliance program will be presented. Documentation of each training session will be maintained by the respective TUHS facility.

Compliance training will consist of several separate but related programs. All current, non-supervisory employees involved in billing activities will participate in a basic compliance training program stressing the Standards of Conduct, the role ethical obligations must play as employees discharge their daily responsibilities, and the operational procedures that will be used to ensure that the Standards of Conduct are fully implemented. This training will be repeated as required. A required basic compliance session will be included in the orientation program for all new employees and, in the mandatory competencies for established employees. Employees will be required to document their attendance at each session.

Training sessions will also be scheduled to review and discuss new regulatory obligations as required. The CCO will distribute new regulations to affected TUHS employees and schedule training as appropriate. The CCO will also work with TUHS administration to develop policies and procedures consistent with new regulatory requirements to ensure compliance. The CCO will also be responsible for updating and revising the TUHS Internal Audit Schedule to ensure that the administrative policies and procedures developed to comply with new regulatory areas are operationally effective.

#### **E. CONSISTENT ENFORCEMENT AND DISCIPLINE**

To make the TUHS Compliance Program effective, the CCO will educate employees so that they understand that the program imposes specific employee responsibility, which entails appropriate discipline for violations of the Standards of Conduct. This training, which will be incorporated in all compliance training, will emphasize that employees not only must avoid violating the Standards of Conduct themselves, but that they have an affirmative obligation to report any violations committed by others, including departmental chairs, supervisors, and other administrators. The CCO will emphasize that any violation of the Standards of Conduct will be viewed as a serious infraction, and that discipline, including institution of appropriate procedures which may result in termination of employment, will be imposed upon transgressing employees. This standard of enforcement will be uniformly applied throughout TUHS.

Departmental chairs, supervisors and other administrators may be held accountable for the misconduct of any subordinates. Managers may be subject to discipline for failure to detect compliance violations or facilitating or prolonged compliance violations through malfeasance, carelessness, inattention or other misconduct. Such discipline shall be commensurate with seriousness of the violation. Certain offenses shall be held sufficient to justify instituting appropriate disciplinary procedures, which may result in termination. They are:

- (1) Willful violation of federal, state statutes or regulations;
- (2) Willful failure of department chairs, administrators and other supervisors to report a known violation of the Standards of Conduct;
- (3) Willfully providing false information to the CCO, TUHS administration, a government agency, or a patient.
- (4) Failure to take action as prescribed under the TUHS Compliance Program, or comply with any duties as set forth in this program.

Discipline will be applied consistent with existing disciplinary procedures and

may be applied on an incremental scale depending upon whether a violation is the first, second or third offense. An employee whose conduct would justify possible termination may have lesser discipline imposed depending upon (a) whether the employee reported his/her own violation; (b) whether the report constitutes TUHS's first awareness of the violation and the employee's involvement; and (c) whether the employee has provided full and complete cooperation during the investigation of the violation. In addition to termination and consistent with existing disciplinary procedures, the CCO may recommend any of the following sanctions: warning; reprimand (noted in permanent personnel record); probation; demotion; temporary suspension; required reimbursement of losses or damages; and/or referral for criminal prosecution or appropriate civil action. Any such recommendation for disciplinary action shall be reported in the CCO's annual report.

The CCO shall also be responsible following any investigation of possible violations of the Standards of Conduct to foreclose any future violations through a review of existing policies and procedures as well as a re-examination of the Compliance Program's Standards of Conduct for possible revision or development of supplemental materials. The results of any investigation may be disclosed to the appropriate regulatory and governmental authorities following consultation with TUHS Chief Counsel and the Chair of the Board. Such disclosures will be reported to the TUHS Audit and Compliance Committee either in the CCO's report or directly as required and appropriate.

Other problems detected through the operation of the Compliance Program may require the development of plans of corrective actions. Such plans of corrective actions will be formulated to address any problem, which may also be detected by audits or reports from governmental agencies, third-party payers or internal reports or audits. Plans of corrective action will be implemented through training and monitoring. The CCO shall be responsible for ensuring that corrective actions are effective.

## **F. NO RETALIATION FOR REPORTING PROBLEMS**

One of the primary purposes of the TUHS Compliance Program is to facilitate the exchange of information between employees, agents or associates of TUHS and the CCO and compliance liaisons. Reports may be made anonymously, through the Compliance Hotline, or directly to the CCO. To encourage reports, it is the stated policy of TUHS that no retaliation will be taken against any employee for reporting problems.

This policy extends to anyone who finds it necessary to report a perceived TUHS problem to any governmental agency. While the intent of the compliance program is to encourage, and in most cases require, the reporting of problems to supervisors or the CCO, there will be no retaliation against anyone who reports what they believe to be a situation of non-compliance to any governmental or law enforcement agency.

Employees have the right to be protected from discharge, demotion, suspension, threat, harassment, discrimination, or retaliation in the event the employee files a claim

pursuant to the Federal False Claims Act or otherwise makes a good faith report alleging fraud, waste or abuse in a Federal health care program, including the Medicare and Medicaid Programs, to the provider or appropriate authorities. TUHS is committed to compliance with all governmental regulatory mandates and cooperating with any inquiry regarding such mandates.

**G. PLAN TO RESPOND TO INVESTIGATIONS AND REQUESTS FOR INFORMATION**

The purpose of the TUHS Response Plan is to organize and facilitate cooperation with any government or regulatory agency in the event of execution of a search warrant, service of a subpoena, or unannounced inspections and surveys.

Every TUHS employee is bound by the Standards of Conduct described in the TUHS Compliance Program. Specifically incorporated by reference herein are the TUHS Health Information Security and Privacy Compliance Program and the TUHS Policy and Procedures on Release of Patient's Protected Health Information (CEO Policy # 210.00). The specific procedures related to production of medical records pursuant to a subpoena are contained in Policy # 210.00. In addition, employees are expected to be familiar with and comply with all federal and state mandates regulating access to patient records and data.

**I. Telephone contacts or visits requesting information made by a government or regulatory official:**

- A. Government or regulatory officials seeking information may contact TUHS employees. Most contact will occur at their work site, but in some situations an employee may be contacted at home. TUHS employees when contacted by such an official should initially require proof of identity from the person representing the government or regulatory agency.
- B. When an employee is contacted, the employee should immediately notify TUHS Office of Counsel or the Corporate Compliance Officer (CCO) prior to any exchange of information.
- C. While TUHS employees are free to speak with investigators, the interview should take place with the coordination and participation of TUHS Counsel.
- D. Under no circumstances are TUHS documents or records to be turned over to any investigator without prior review and approval of TUHS Counsel. A listing must be maintained of all documents produced.

- E. TUHS employees are expected to render courteous cooperation with any properly identified investigators, and escort them at all times while on TUHS premises.

## **II. Search Warrants**

- A. In the event of the execution of a search warrant, TUHS employees will immediately contact their supervisor and TUHS Office Of Counsel and/or the CCO.
- B. The identity of the investigators shall be verified and credentials of all investigators and other officials shall be reviewed and photocopied. In addition, if a representative from the TUHS Office of Counsel or the CCO is not present, the business cards and phone numbers for each investigator shall be obtained.
- C. The warrant to be executed must be examined and retained by the TUHS personnel supervising the production.
- D. Any records seized by execution of a search warrant must be listed in an inventory along with any other items seized. This inventory must be turned over to TUHS by the officials executing the search warrant. No other documents may be voluntarily produced unless authorized by TUHS Office of Counsel.
- E. Interviews with staff should be coordinated through the TUHS Office of Counsel.

## **III. All Requests for information**

- A. Any request for patient information must comply with all TUHS policies (as referenced above) established to ensure the privacy of the patient's information consistent with all federal, state and local privacy laws and regulations.
- B. No information may be released without first confirming the identity of the requesting party and establishing their underlying authority to receive the information.
- C. Any medical records, or portions thereof, produced in response to a request must be recorded in the patient's medical record which shall note the identity of the requesting party, their authority to receive the information, and the date of production. This information must be

conveyed to the patient upon their request for an accounting of any disclosures.

At the conclusion of any investigative visit, audit or inspection, the CCO (or a designee) shall conduct an exit conference of TUHS employees and contact investigators to learn additional details of the investigation, and if TUHS will be involved in any further investigative activity. The CCO may undertake his own internal or external investigation as deemed appropriate based upon information acquired through this process.

Submitted to the TUHS Audit and Compliance Committee 06.13.13